

Demographic Details

First Name

Middle Name

Last Name *

Previous Name(s)

Social Security Number

Tax Identification Number

Height

Hair Color

Is this person deceased?

Yes No

Date Deceased



Gender



Date of Birth



Name Suffix

City of Birth

Place of Birth

Weight (In lbs)

Eye Color

Comments (non-public information)

Public Information

Do you have a Nevada Business License in your individual name?

Yes No

Nevada BIN

Historical File Number

Military Detail

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Discipline / SPL

Disciplinary Action?

Yes No

SPL?

Yes No

Date of SPL Issuance

Contact Information

Primary Phone

Secondary Phone

Primary Phone Extension

Secondary Phone Extension

Primary E-mail Address

Mail should be directed to

Cell Phone

#

[Empty text box for Cell Phone]

Fax

#

[Empty text box for Fax]

Public Address

Street Address

18232 Clear Lake Dr

ZIP / Postal Code

33548-6403

Address Line 2

[Empty text box for Address Line 2]

State / Province

Florida

City

Lutz

Country

United States



County

Hillsborough

Is your physical address different from your mailing address?

Yes No

Public Phone

#

1 (813) 550-7750

Mailing Address

Street Address

[Empty text box for Mailing Street Address]

City (Mailing)

[Empty text box for Mailing City]

Address Line 2

[Empty text box for Mailing Address Line 2]

State / Province (Mailing)

[Empty text box for Mailing State / Province]

ZIP / Postal Code (Mailing)

[Empty text box for Mailing ZIP / Postal Code]

County (Mailing)

[Empty text box for Mailing County]



County (Mailing)

[Empty text box for Mailing County]

Application Status

Applicant *

Osborne, Aaron Ryan

Application Number

License Issued?

Yes No

Application Status

Pending Review by the Board

Assigned To

Manual Paper Application?

Yes No

License ID Card Conditions (max 120 characters)

License Details (Pre-Approval)

License Category

Medical Doctor

Obtained By

USMLE

Expected Issue Date

Credentials / Degree Suffix (Enter before approval!)

M.D.

Expected Expiration Date

Application Details

Application Type

Medical Doctor - Active

Application Date *

Dec-06-2021

Reviewed Date

Decision Date

Submitted Date

Jan-13-2022 

Approved Date



Application Step

#

Expiration Date

Jan-13-2023 

Have you ever served in the United States Military (to include National Guard or Reserves)?

Yes No

Invoices

Application Invoice



Application Payment Date



Licensure Invoice



Licensure Payment Date



Attestations

I hereby attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices. I also attest that any person who is currently, or will be under my control as their supervising physician in the future, and who is not licensed pursuant to Chapter 630 of the Nevada Revised Statutes and whose duties involve injection practices, has knowledge of and is in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

Yes No

I attest and affirm that I am aware of and understand the reporting requirements found in Nevada Revised Statute 432B.220 regarding the abuse or neglect of a child.

Yes No

I consent to accept communications and service of process from the Nevada State Board of Medical Examiners (Board) by electronic mail, for physicians and physician assistants who practice medicine in the state of Nevada or via telemedicine and whose physical presence exists outside the state of Nevada or the United States.

Yes No

I am willing to accept Board communications to me, to include service of process as defined under Nevada Revised Statute (NRS) 630.344, via electronic mail (more commonly known as e-mail). Further, should the electronic mail address provided below change for any reason, I agree to apprise the Board in writing of my new electronic mail address within 30 days after the change.

Yes No

The answers to the foregoing questions and statements made in the above application, as well as any and all further explanations contained on any separate attached pages, are true and correct, that I am the person named in the credentials to be submitted, and that the same were procured in the regular course of instruction and examination without fraud or misrepresentation. I understand that if any of my responses on this application are false, fraudulent, misleading, inaccurate, or incomplete, my application for licensure will be denied. I am responsible to keep the Board informed of any circumstance or event that would require a change to my initial responses provided to the Board in my application for licensure, and which occurs prior to my being granted licensure to practice medicine in the state of Nevada.

Yes No

Child Support Attestation Type

Not subject to a court order



I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.


Yes No

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the Civil Applicant Waiver.

Yes No

Examination Details

Licensee / Applicant *

Osborne, Aaron Ryan 


Attended Date

May-21-2005 

Number of Attempts

1

Application


Application Osborne, Aaron N/A 

Location

Result

239

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 1

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Osborne, Aaron Ryan 


Attended Date

Sep-25-2006 

Number of Attempts

1

Application

Application Osborne, Aaron N/A 

Location

Los Angeles, CA

Result

PASS

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CS

Certificate Number

Exam Date



Expiration Date



Examination Details

Licensee / Applicant *

Osborne, Aaron Ryan 


Attended Date

Dec-30-2006 

Number of Attempts

1

Application

Application - Osborne, Aaron N/A 

Location

Result

237

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 2 CK

Certificate Number

Exam Date




Expiration Date



Examination Details

Licensee / Applicant *

Osborne, Aaron Ryan 


Attended Date

Sep-28-2009 

Number of Attempts

1

Application


Application - - Osborne, Aaron N/A 

Location

Result

222

Examination Type

United States Medical Licensing Examination (USMLE) 

Other Exam

Are you currently certified?

Yes No

Steps

Step 3

Certificate Number

Exam Date



Expiration Date



Board Certification Details

Licensee / Applicant

Osborne, Aaron Ryan  

Specialty

Emergency Medicine  

Certifying Board

American Board  

Other Certifying Board

Initial Certification Date

Jun-05-2012 

Recertification Date



Certification Number



50075

Archive Program

Historical Specialty



Connected Record

Application

Application -  - Osborne, Aaron N/A 

Education Details

Licensee/Applicant *

Osborne, Aaron Ryan  

Address

City

Williamsburg

State / Province



Virginia

Zip / Postal Code

Country

United States  

Application

Application  Osborne, Aaron N/A 

Specialty Type



Name of School

The College of William and Mary

Education Type

College/University  

Degree Attained

Bachelor of Science  

Date From

Aug-01-1989 

Date To

May-01-1994 

Did you graduate from the program?

Yes No

Graduation Date

May-01-1994 

Major Program

Education Details

Licensee/Applicant *

Osborne, Aaron Ryan 

Address

City

Tampa

State / Province


Florida

Zip / Postal Code

Country

United States 

Application

Application - - Osborne, Aaron N/A 

Specialty Type



Name of School

University of South Florida Morsani College

Education Type

Graduate 

Degree Attained

Doctor of Philosophy 

Date From

Jun-01-1996 

Date To

Aug-10-2001 

Did you graduate from the program?

Yes No

Graduation Date

Aug-10-2001 

Major Program

Education Details

Licensee/Applicant *

Osborne, Aaron Ryan 

Address

City

Tampa

State / Province


Florida

Zip / Postal Code

Country

United States 

Application

Application - Osborne, Aaron N/A 

Specialty Type



Name of School

University of South Florida Morsani College

Education Type

Medical School 

Degree Attained

Medical Doctor Degree 

Date From

Aug-01-2003 

Date To

Apr-30-2007 

Did you graduate from the program?

Yes No


Graduation Date

May-03-2007 

Major Program

Postgraduate Training Details

Licensee / Applicant *

Osborne, Aaron Ryan 


Training Status *

Completed 


Program Type *

Residency 

Accreditation Type

ACGME (Accreditation Council for Graduate Medical Education) 

Date From

Jul-01-2007 

Date To

Sep-30-2010 

Name of School or Institution

University of South Florid

Application

Application - Osborne, Aaron N/A 

Specialty Type

Emergency Medicine 

Historical Major Program

Other (Specialty)

Historical Degree Attained

Location Details

City

Tampa

Street Address 1

State / Province

Florida

Zip / Postal Code

County





Country



Other License Details

Licensee/Applicant

Osborne, Aaron Ryan  

Licensing Board or Regulatory Authority

Florida Department of Health



License Number

TRN11249


State / Province

Florida

Country

United States  

Application

Application - - Osborne, Aaron N/A 

License Type

Training

License Status

Holds Other License

Issue Date

May-16-2007 



Expiration Date

Jul-01-2011 

Notes

Other License Details

Licensee/Applicant

Osborne, Aaron Ryan  

Licensing Board or Regulatory Authority

Florida Department of Health

License Number

ME108215


State / Province

Florida

Country

United States  

Application

Application - Osborne, Aaron N/A 

License Type

License Status

Clear/Active

Issue Date

Sep-14-2010 


Expiration Date

Jan-31-2023 

Notes

Application Activity Details

Licensee / Applicant

Osborne, Aaron Ryan 

Name of Organization / Institution

University of South Florida College of Med

Start Date

Jul-01-2007 

End Date


Oct-01-2010 

Percent Clinical *


100

Position

Application

Application - - Osborne, Aaron Ryan 

Activity Type

Postgraduate Training 

Location Details

Street Address 1

Country

United States 

City

Tampa



State / Province

Florida


Zip / Postal Code

Application Activity Details

Licensee / Applicant

Osborne, Aaron Ryan  


Start Date

Oct-01-2010 

Percent Clinical *

100

Application

Application - - Osborne, Aaron Ryan 

Name of Organization / Institution

Envision Physician Services

End Date

Apr-01-2020 

Position

Activity Type

Medical Practice/Physician  

Location Details

Street Address 1

City

Tampa

Country

United States  

State / Province

Florida

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Osborne, Aaron Ryan  


Start Date

Feb-01-2016 

Percent Clinical *

100

Application

Application - Osborne, Aaron Ryan 

Name of Organization / Institution

US Acute Care Solutions

End Date

Apr-01-2022 

Position

Activity Type

Employment 

Location Details

Street Address 1

4545 Dressler Road NW

City

Canton

Country

United States  

State / Province



Ohio

Zip / Postal Code

44718

Application Activity Details

Licensee / Applicant

Name of Organization / Institution

Start Date

End Date


 

Percent Clinical *


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Position

Application

Activity Type

Location Details

Street Address 1

Country


City

State / Province

Zip / Postal Code

Application Activity Details

Licensee / Applicant

Osborne, Aaron Ryan 


Start Date

Nov-15-2020 

Percent Clinical *

100

Application

Application - Osborne, Aaron Ryan 

Name of Organization / Institution


Caliburn International (now Acuity Internati

End Date

Mar-30-2021 

Position

Activity Type

Medical Practice/Physician 

Location Details

Street Address 1

10701 Parkridge Blvd., Suite 200

City

Reston

Country



State / Province


Virginia

Zip / Postal Code

20191

Application Activity Details

Licensee / Applicant

Osborne, Aaron Ryan 


Start Date

Apr-01-2022 

Percent Clinical *

0

Application

Application - Osborne, Aaron Ryan 

Name of Organization / Institution

End Date

May-01-2022 

Position

Activity Type

Vacation 

Location Details

Street Address 1

City

Tampa

Country

United States 

State / Province

Florida

Zip / Postal Code

Specialty Details


Licensee / Applicant *

Osborne, Aaron Ryan 

Effective Date

Jul-01-2007 


Application

Application - - Osborne, Aaron N/A 

Primary Specialty?

Yes No

Specialty Type *

Emergency Medicine 

Other (Specialty)

End Date



Original Licensee/Applicant	Declaration Question	Answer	Answer Details
N/A Aaron Osborne	MD, Previously applied for licensure in Nevada.	No	
N/A Aaron Osborne	MD, PA, LL – Q4 – Performance of Public Service Requirement	No	
N/A Aaron Osborne	MD, PA – Q1 – Medical Condition Impair Safe Practice	No	
N/A Aaron Osborne	MD – Q9 – Medical License Revoked	No	
N/A Aaron Osborne	MD – Investigation Disciplinary during Training Program	Yes	
N/A Aaron Osborne	ALL – Q5 – Named Defendant Respond to Legal Action	Yes	
N/A Aaron Osborne	MD, PA – Q3 – Chemical Substances Impair Safe Practice	No	
N/A Aaron Osborne	ALL – Q7 – Arrest Question	Yes	
N/A Aaron Osborne	ALL – Q6 – Malpractice Claim Paid	Yes	
N/A Aaron Osborne	MD – Q8 – Denied License / Permission to Practice Medicine	No	
N/A Aaron Osborne	MD, PA, CCP, Hospital Privileges Denied, Suspended.	No	
N/A Aaron Osborne	MD – Q11 – Voluntarily Surrendered a License	No	
N/A Aaron Osborne	MD – Q12 – Denied Membership	No	
N/A Aaron Osborne	MD, PA – Q10 – Controlled Substance Registration	No	
N/A Aaron Osborne	MD, PA – Q2 – Medical Condition Field of Practice	No	
N/A Aaron Osborne	MD – Q13 – Investigation – Respond To/Notify Of	No	

Declaration Question

Name

ALL – Q5 – Named Defendant Respond to

Declaration Text

Have you EVER been named as a defendant, or been requested to respond as a defendant, to a legal action involving professional liability, or malpractice, including any military tort claims if applicable?

No explanation required (only has one answer)

Yes No

Section Ordinal

5

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer


Yes No

Declaration

Licensee/Applicant

Osborne, Aaron Ryan	
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Declaration Question

ALL – Q5 – Named Defendant Respond to Legal Action	
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Answer

Yes No

Answer Details


Ordinal

#	
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Declaration Text

Related To

Application

Application -	Osborne, Aaron N/A	
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Renewal

	
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Declaration Question

Name

ALL – Q6 – Malpractice Claim Paid

Declaration Text

Have you EVER had a professional liability, malpractice, claim paid on your behalf, or paid such a claim yourself including any military tort claims if applicable?

No explanation required (only has one answer)

Yes No

Section Ordinal

6

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Declaration

Licensee/Applicant

Osborne, Aaron Ryan



Declaration Question

ALL – Q6 – Malpractice Claim Paid



Answer

Yes No

Ordinal

#

Declaration Text

Related To

Application

Application - ! - Osborne, Aaron N/A



Renewal



Declaration Question

Name

ALL – Q7 – Arrest Question

Declaration Text

Have you EVER been arrested, investigated for, charged with, convicted of, or pled guilty or nolo contendere to any offense or violation of any federal (including the Uniform Code of Military Justice), state or local law, or the laws of any foreign country, which is a misdemeanor, gross misdemeanor, felony, violation of the Uniform Code of Military Justice, or synonymous thereto in a foreign jurisdiction, excluding any minor traffic offense (driving or being in control of a motor vehicle while under the influence of a chemical substance, including alcohol, is not considered a minor traffic offense), or for any offense which is related to the manufacture, distribution, prescribing, or dispensing of controlled substances?

Please note that you MUST disclose ANY investigation or arrest, including those where the final disposition was dismissal, or expungement.

No explanation required (only has one answer)

Yes No

Section Ordinal

7

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Declaration

Licensee/Applicant

Osborne, Aaron Ryan 

Declaration Question

ALL – Q7 – Arrest Question 

Answer

Yes No

Answer Details


Ordinal

#

Declaration Text

Related To

Application

Application - Osborne, Aaron N/A 

Renewal



Declaration Question

Name

MD – Investigation Disciplinary during Train

Declaration Text

Have you EVER been the subject of an investigation (including matters that resulted in no adverse action or outcome to you), have you resigned, been dismissed, or have any actions, restrictions, limitations, probations, terminations or any other disciplinary actions ever been imposed on you while participating in any type of training program?

No explanation required (only has one answer)

Yes No

Section Ordinal

14

Yes is the desired answer (no explanation required if answering Yes)

Yes No

No explanation required (only has one answer)

Yes No

This question requires an explanation for any answer

Yes No

Declaration

Licensee/Applicant

Osborne, Aaron Ryan [↗](#)

Declaration Question

MD – Investigation Disciplinary during Training Program [↗](#)

Answer

Yes No

Answer Details

Ordinal

#

Declaration Text

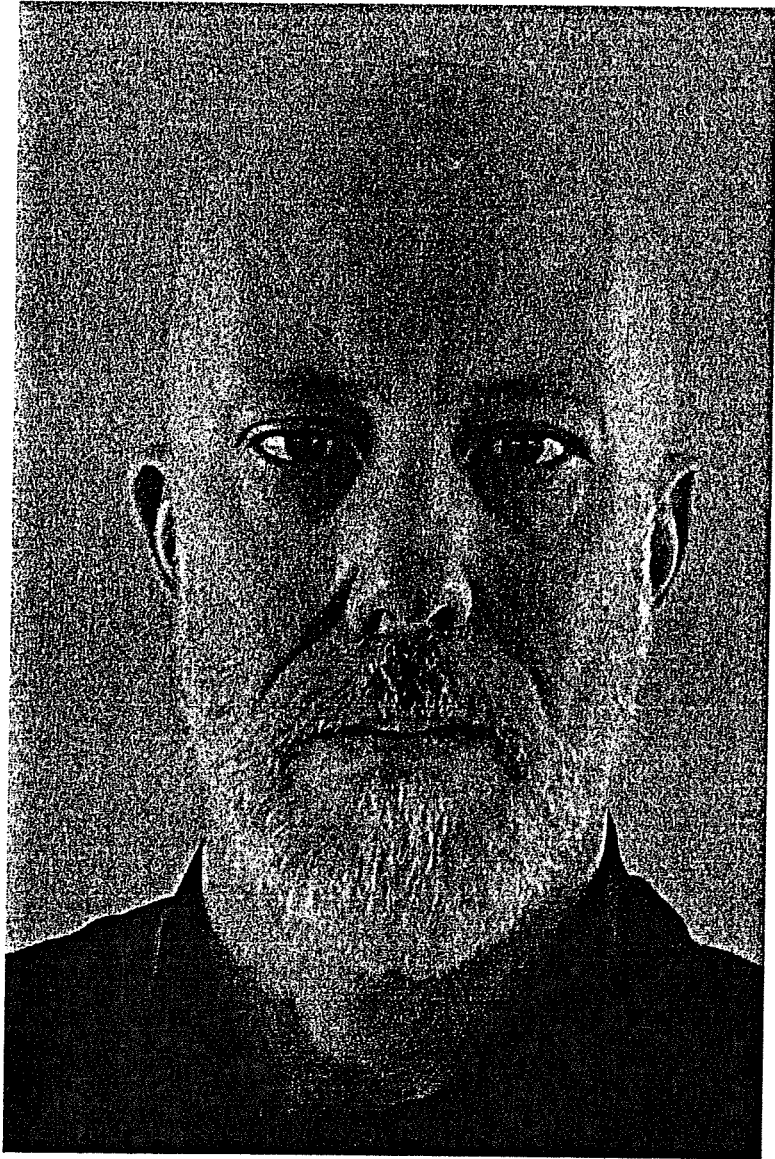
Related To

Application

Application - Osborne, Aaron N/A [↗](#)

Renewal

[↗](#)



RECEIVED

MAR 07 2022

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

ATTENTION APPLICANT!

RESPONSIBILITY STATEMENT

Please sign and return this statement with your application for licensure to:
The Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521

Because you are applying for the privilege of practicing medicine, perfusion or respiratory care in Nevada, you should know that our state has some of the most stringent licensing requirements and comprehensive investigation programs in the United States.

Via FBI fingerprinting and other investigative modalities, our licensing specialists are likely to discover if data you have submitted on your application is erroneous or incomplete; therefore, you must answer all questions truthfully and completely. Specifically, this includes any sanctions or disciplinary actions you may have experienced during medical school or your postgraduate training, or any involvement you may have had with the legal system, either civil or criminal — criminal to include charges that may have ultimately been expunged, lessened, or dismissed, and no matter how long ago the event(s) occurred.

Explaining and documenting a problem to your licensing specialist will be much less painful than discussing your veracity before the entire Board of Medical Examiners due to inconsistencies between your application and incongruent input from outside sources.

ONLY YOU — NOT A LAWYER, DOCTOR, SPOUSE, OR CREDENTIALING COMPANY — ARE RESPONSIBLE FOR READING AND ANSWERING EVERY QUESTION ACCURATELY AND COMPLETELY.

If you have any questions about your application, ASK YOUR LICENSING SPECIALIST. Our licensing specialists are here to help you.

o o o o o

I have read this responsibility statement and understand that I alone am accountable for completing my application for medical licensure in Nevada.

Print your name ARON HAN OSBORNE

Sign your name _____

Date 2/10/2022

Note: It is your responsibility to keep the Board informed of any circumstance or event that would require a change to your initial responses provided to the Board in your application for licensure, and which occurs prior to you being granted licensure to practice medicine in the state of Nevada.